

Northern Nevada Office
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Suite 105
Carson City, NV 89701
Phone: (775) 687-9115

State of Nevada
Department of Education
Office of Teacher Licensing

Southern Nevada Office
9890 S. Maryland Parkway
Suite 221
Las Vegas, NV 89183
Phone: (702) 486-6458

Work Experience Verification
Form TL.BI. WE

License Applicant: Please fill in the personal data in the box below and mail this form to your previous employer. This form must then be submitted with your initial application.

Last Name	First Name	MI	Maiden Name
Address	City	State	Zip Code
Social Security #	Date of Birth	Home/Cell Phone #	
Email Contact			

B. For Employer's Use Only

The applicant listed above is applying for a license and must present proof of related work experience. Please provide the following information in support of the applicant's request.

If possible, the length and status of the employment should be verified by the human resource department.

Company Name and Address: _____

Type of Business _____

Position/Title of Applicant _____

What specific type of work did the applicant perform? (Attach a job description, if possible).

Length of employment: Beginning _____ Ending _____
(Month/Year) (Month/Year)

Check One Area: ☐ Full Time (40+ hours weekly)
☐ Part Time (List total hours worked) _____

I _____ certify that the above information is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Title: _____

Phone: _____

A. For Self-Employment Use Only:

Name and Address (include city and state) of Business: _____

Type of Business: _____

Your primary responsibilities in the business:

Length of employment: Beginning _____ Ending _____
(Month/Year) (Month/Year)

Check One Area: ☐ Full Time (40 + hours weekly)
☐ Part Time (List total hours worked) _____

Please attach proof of self-employment (for example: income tax records and a copy of current business/professional license.)

I, _____, certify that the above information is true
(Print First and Last Name)
and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Title: _____

Phone: _____

This document must be notarized and stamped by an official notary.